

CONCLUSION:
DISPARITY AND THE HEALTH STATUS OF DETROITERS

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Various health concerns affect human life prior to birth and throughout the life course. The topics addressed in the *Profile* and a host of other issues have a tremendous amount of impact on the well being of Detroiters. They are issues that impact not only the health of individuals, but also the nature of living for families and the city around them.

Humans are, for the most part, biologically the same. Race, although a significant social construct, is little more than a biological difference in flesh tones. Variations in individuals that are related to genetics are not enough to account for significant gaps in health indicators between racial and ethnic groups.

Still, disease occurs more often, affecting more individuals from, and often with more severity, among certain racial and ethnic groups. As depicted by much of the data discussed in the *Profile*, this is particularly true for people of color. Many research findings highlight *disparity* with regard to health status indicators of various racial and ethnic groups. Disparity, with regard to health data, can be defined as a large difference between groups in new cases, cases over time, or deaths that are attributable to a specific health indicator.

Since Detroit has a clear majority, disparities between racial and ethnic groups are not as apparent in looking at health data for the city as they are when comparing Detroit data to state and national data. Health disparities between Detroit and the rest of the state are related to the “minority” majority in the city. As enumerated in the 2000 Census, Detroit's population is 81% Black. In contrast, 80% of the state population is White. Fifty-five percent of all Black Michiganders are Detroit residents. Hispanic residents, who also suffer a disproportionate burden of disease, represent 5% of the Detroit population and are 14% of the state's Hispanic population.

A web of factors creates and is created by the health status of Detroiters. Bearing this in mind, as we pursue our charges as an institution, it is critical to develop a cycle of investigation, education, and dialogue. A key question in that cycle is: How can we address the aspects of residents' lives that manifest, in aggregate, as disparities between their health and that of other communities. “Race” represents not a biological difference among populations but represents the historical, social, economic and political experience that a population may have in common. As well there are factors that may have been unobserved, which impact the health of various groups.

As an organization, the Detroit Health Department holds major stakes in the health of the community and our charge to promote and protect the health, safety, and quality of life of those who live in the City of Detroit. Our functions include assessing need, developing policy, and assuring access to optimal care that will serve our residents. As a part of these functions, the Department includes the elimination of health disparities for Detroit residents as a priority. The DHD *Community Health Profile* is one step toward crafting a more complete assessment of the health status and health needs of Detroiters to inform our provision of the most essential public health services to the city.